## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEW HAMPSHIRE PRIORITIES	
	C C00557561
Check if 24-hour report X 48-hour report New report Amends report filed	i on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Strategic Media Services	M M / D D / Y Y Y Y
Mailing Address 1911 N. Ft. Myer Drive	06 19 2014 Amount
Suite 400	
City State Zip Code	149914.96
Arlington VA 22209	Transaction ID : SE.4133  Date of Disbursement or Obligation
Purpose of Expenditure Media production and placement  Category/ Type	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 01
DANIEL E INNIS Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disb 226476.34  Disb 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
<del>-</del>	
(a) SUBTOTAL of Itemized Independent Expenditures	149914.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF OTHERWIZED INDEPENDENT EXPENDITURES	4 4 4
(c) TOTAL Independent Expenditures	149914.96
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Kristen Decker [Electronically Filed]	M / DID / YIYIYI
Signature [Electronically Filea] Date	06 20 2014